

Importance of Miasmatic Approach in Management of Osteoporosis

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Abstract: Osteoporosis is a group of bone disorders in which the absolute bone mass is less than normal. There is deterioration of micro-architecture of the skeleton leading to increased bone fragility and risk. Osteoporosis present with the predominant miasm of “syco-syphilis”, as the hormonal imbalance is given by sycosis and the bone porosis or destruction is afforded by syphilis. The disease can be managed easily and rapidly, making the patient free from pain and further degeneration of the bone by giving proper antimiasmatic treatment according to the principles of Homoeopathy.

Keywords: Osteoporosis, Miasm, Homoeopathy, brittle-bone

1. Introduction

Osteoporosis is the second most common metabolic bone disease in India. Osteoporosis is defined as a reduction in the strength of bone that leads to an increased risk of fractures. Loss of bone tissue is associated with deterioration in skeletal micro architecture. The World Health Organization operationally defines osteoporosis as a bone density that falls 2.5 standard deviations (SD) below the mean for young healthy adults of the same sex – also referred to as a T-score of -2.5. Postmenopausal women who fall at the lower end of the young normal range (a T-score <-1.0) are defined as having low bone density and are also at increased risk of osteoporosis. Although risk is lower in this group, more than 50% of fractures among postmenopausal women, including hip fractures, occur in this group with low bone density, because the number of individuals in this category is so much larger than that in the osteoporosis range. In osteoporosis the rate of bone resorption exceeds that of bone formation.

Clinically, osteoporosis has been classified into two categories:

- 1) **Primary osteoporosis** –
 - a) *Postmenopausal (Type I)*
 - b) *Senile (Type II)*
 - c) *idiopathic*
- 2) **Secondary osteoporosis** –
 - a) *Genetic*
 - b) *Nutritional deficiency*
 - c) *Endocrinal*
 - d) *Iatrogenic*
 - e) *Disorders with associated osteoporosis*

Types of Involutional Osteoporosis		
	Postmenopausal (Type I)	Age-related senile (Type II)
Age (years)	51-70	>70
Sex ratio (F : M)	5:2	2:1
Type of bone loss	Mainly trabecular	Cortical and trabecular
Rate of bone loss	Accelerated	Not accelerated
Fracture sites	Vertebrae (crush), distal radius	Vertebrae (multiple wedging), hip (extracapsular)
Parathyroid function	Decreased	Increased
Calcium absorption	Decreased	Decreased
Renal conversion of 25(OH)D to 1,25(OH) ₂ D	Decreased secondary to decreased PTH secretion	Decreased due to decreased 25(OH)D α activity
Main cause	Factors related to menopause	Factors related to to aging

Diagnosis

The calcium, phosphorus, and alkaline phosphatase levels in the blood are normal. Diagnosis is mainly done by the help of Bone Mineral Density (BMD).

According to WHO osteoporosis is diagnosed using T-Scores as follows:

BMD within 1.0 SD – *Normal*
 BMD between 1.0 and 2.5 SD – *Osteopenia*
 BMD below 2.5 SD or more – *Osteoporosis*
 BMD beyond 2.5 SD with one or more fragility fractures – *Severe osteoporosis*.

Management of Osteoporosis

It involves maintenance of normal oestrogen levels, high calcium intake, exercise, sensible weight, and lifestyle modification (avoiding cigarette smoking, excess of alcohol and coffee).

Elements of Osteoporosis Prevention:

- a) Calcium intake 1.0-1.5 g per day
- b) Moderate phosphorus intake
- c) Moderate vitamin D intake, 400-800 IU per day or calcitriol 0.25 μ g/day
- d) Appropriate exercise programme
- e) Avoidance of alcohol and cigarette

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f) Periodic assessment of skeletal status

The most important contribution of Hahnemann's explorations into miasms is the concept that layers of predisposition exist. The prescriber systematically peels off the layers of predisposing weakness by carefully prescribing each remedy based on the totality of symptoms appearing at that movement. Therefore, if a patient presenting the features of Osteoporosis the prescriber has to assess the remedy on the basis of the totality of the presenting surface symptoms, as well as to cover the surface miasm as indicated by those symptoms.

Miasmatic evaluation of Osteoporosis:

- Osteoporosis is syco-syphilitic (the hormonal balance is given by sycosis and destruction is afforded by syphilis).
- Bone pain, delayed ossification and fragility of the bones is syphilitic.
- All joint pain of the small and larger joints is sycotic.
- Pain in the long bones is syphilitic.
- Syphilis shows an extremely irregular development of symptoms.
- Sore, bruised and pressive pain are Psoric.
- The Psoric aggravation occurs in winter, condition is ameliorated by hot applications and in summers.
- In sycotic the pain is worse at approach of storm or during a thunderstorm, from damp humid atmosphere and rainy weather.
- Syphilitic pain is worse at night or at approach of night, the seaside, sea voyage, thunderstorms, summers & the extreme of temperature also aggravates.
- In syphilis, the ankle joint is weak and the patient stumbles and falls easily.

Homeopathic Therapeutics for Osteoporosis

- Calcarea phosphorica*: Cranial bones thin and brittle; fontanelles and sutures remain open too long, or close and reopen; delayed or complicated teething. Spine weak, disposed to curvatures, especially to the left; unable to support body; neck weak, unable to support head.
- Rana Bufo*: Inflammation, swelling, and great brittleness of the leg-bones.
- Ruta graveolens*: Brittle bones. Cracking joints, agg. walking in open air. Weak, bruised feeling in small of back, hips or lower limbs in A.M.
- Mercurius solubilis*: great brittleness of bones. Sharp and lancinating (rheumatic) pains in hip-joints, as well as thighs and knees, chiefly at night, and during movement, and often with sensation of coldness in diseased parts. Great weakness, heaviness, and painful weariness in thighs and legs. Weakness and giving way in knees, could scarcely stand.
- Symphytum*: indicated for osteoporosis and is known for "knitting" bones that refuse to mend or are slow to fuse after fracture or break.

Clinically verified medicines mentioned in Homeopathic Repertory (Synthesis)

- EXTREMITIES-OSTEOPOROSIS:**
Bor-pur. cortiso. dys. Mucor
- GENERALS – OSTEOPOROSIS:**

arg-met. bacls-7. calc-f. cortico. cortiso. dys. fl-ac. morg-p. palo.

- GENERALITIES – BRITTLE bones – general:**
asaf. banis-c. bar-c. bufo calc-f. calc-p. *Calc.* carc. cor-r. cupr. fl-ac. *Lac-ac.* lyc. *Merc.* par. ph-ac. pip-n. ruta **SIL.** sulph. *Symph.* thuj.
- GENERALS – SOFTENING bones:**
am-c. **ASAF.** aur. bar-c. *Bell.* bufo calc-f. *Calc-i.* calc-p. **CALC.** caust. cic. con. *Ferr-i.* ferr-m. *Ferr-p.* ferr. guaj. hecla *Hep.* iod. ip. *Kali-i.* *Lac-c.* *Lyc.* mag-f. mag-p. **MERC.** mez. *Nit-ac.* nux-m. *Ol-j.* parathy. petr. ph-ac. *Phos.* plb. *Psor.* *Puls.* rhod. ruta *Sep.* **SIL.** staph. *Sulph.* syph. ther. thuj.
- GENERALS – BONES; complaints of:** *Arg-met.* **ASAF.** aur. bell-p-sp. *Calc-f.* *Calc-p.* *Calc.* castor-eq. chin. chlam-tr. cocc. cupr. daph. eup-per. fl-ac. hep. kali-bi. kali-i. lyc. merc-pr-r. merc. mez. *Nit-ac.* **PH-AC.** *Phos.* *Phyt.* **PULS.** pyrog. rhod. rhus-t. *Ruta* sel. sil. staph. *Sulph.* syph.

In Murphy's Homeopathic repertory –

- Generals – Osteoporosis:**
arg-met. bacls-7. calc.f. cortico. cortiso. dys. fl-ac. morg-p. palo.
- Extremities – Osteoporosis:**
Bor-pur. Cortiso. Dys. Mucor
- Clinical – DECALCIFICATION, bones:**
Calc. Calc-f. Calc-p. Cor-r. Hecla. Sil. *Symph.*

2. Conclusion

The proper Homeopathically prescribed medicine must include miasmatic totality, manifested by the person. This statement applies to Osteoporosis too. Most of the symptoms representing Osteoporosis are the manifestations of Sycotic and syphilitic miasm and a carefully selected, anti-miasmatic medicine can manage the case of Osteoporosis.

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